

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2583NTC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2010
NAME OF PROVIDER OR SUPPLIER ADELSON CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 3661 S MARYLAND PKWY SUITE 64 LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 00	<p>INITIAL COMMENTS</p> <p>Surveyor: 21044</p> <p>This Statement of Deficiencies was generated as the result of a State Licensure survey conducted at your facility on 1/20/10. The State Licensure survey was conducted in accordance with Chapter 449, Facilities for Treatment with Narcotics; Medication Units.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	N 00		
N169 SS=C	<p>449.1548(4) OPERATIONAL REQUIREMENTS</p> <p>In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall:</p> <p>4. Be in full compliance with all applicable provisions of 42 C.F.R. Part 8, all other applicable federal laws and regulations and all other requirements of the SAMHSA and the DEA.</p> <p>This Regulation is not met as evidenced by: Surveyor: 21044 42 Code of Federal Regulations</p> <p>8.12 Federal opioid treatment standards</p>	N169		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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N169	<p>Continued From page 1</p> <p>(c) Continuous quality improvement. (1) An OTP must maintain current quality assurance and quality control plans that include, among other things, annual reviews of program policies and procedures and ongoing assessment of patient outcomes.</p> <p>(4) Initial and periodic assessment services. Each patient accepted for treatment at an OTP shall be assessed initially and periodically by qualified personnel to determine the most appropriate combination of services and treatment. The initial assessment must include preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psychosocial, economic, legal, or other supportive services that a patient needs. The treatment plan also must identify the frequency with which these services are to be provided. The plan must be reviewed and updated to reflect that patient's personal history, his or her current needs for medical, social, and psychological services, and his or her current needs for education, vocational rehabilitation, and employment services.</p> <p>Based on record review on 1/20/10, the facility was not in compliance with 42 Code of Federal Regulations (CFR), Part 8 by not following its policy on emergency drills and by not conducting annual assessments on 2 of 5 patients who were in treatment for longer than a year.</p> <p>Findings include:</p> <p>The facility policy and procedure manual was reviewed regarding emergency drills. The policy</p>	N169			

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N169	<p>Continued From page 2</p> <p>indicated the following schedule for conducting disaster drills:</p> <ul style="list-style-type: none"> - January - Bomb threat - March - Safety during violent or other threatening situations - May - Natural disasters - July - Fires - September - Utility failures - November - Medical emergencies <p>The emergency drill log was reviewed. The log indicated the last drill conducted regarding a medical emergency (seizure) was on 10/18/07. The log did not contain any other recent drills pertaining to a medical emergency since that date. In addition, it was noted the emergency drill schedule in the log book differed from the policy. The schedule in the log book listed drills for January (workplace threats and violence), April (power failure/natural disaster), July (fires) and October (medical emergencies).</p> <p>The policy and procedure manual revealed a policy titled, "Initial and On-going Assessments." The policy indicated that yearly justifications for treatment were to be conducted on patients. The files for five patients in treatment for longer than a year were reviewed. Three patient files contained annual "yearly physical/justification for methadone treatment" forms in their files. The files for Patient #18 (admission date 10/8/08) and Patient #19 (admission date 12/11/08) did not contain the "yearly physical/justification for methadone treatment" form.</p> <p>Severity: 1 Scope: 3</p>	N169		

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